

Please type a plus sign (+) inside this box ☐

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	END 797NP/VEK				
(only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor: Jeffrey D. Messerly et al. Title: Ultrasonic Surgical Instrument Incorporating Fluid Management	I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail - Post Office to Addressee in an envelope addressed to: Commissioner for Patents, MS Patent Application, PO Box 1450, Alexandria, VA 22313 Name: <u>Linda F. Hansen</u> Date: September <u>10</u> , 2003				
		Express Mail Label No. EU 923 396 964 US					
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.		ADDRESSED TO: Commissioner For Patents MS Patent Application PO Box 1450 Alexandria, VA 22313-1450					
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 24] (Preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Informal. Total Pages 9]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3]</p> <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. <input type="checkbox"/> Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statement verifying identity of above copies <p>ACCOMPANYING APPLICATION PARTS</p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Application Cover Sheet w/Express Mail Certification</p>					
<p>18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: _____, filed _____.</p> <p>Prior application information: Examiner _____ Group Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can</u> only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>							
<p>19. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input checked="" type="checkbox"/> Correspondence Address below</p> <p>Name: Philip S. Johnson, Esq. Address: Johnson & Johnson, One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA</p>							
<p>20. TELEPHONE CONTACT: Verne E. Kreger, Jr. Please direct all telephone calls or faxes to: Telephone: (513) 337-3295 Fax: (513) 337-8489</p>							
<p>21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED</p> <table border="1"><thead><tr><th>NAME</th><th>Reg. No. 35,231</th></tr></thead><tbody><tr><td>Verne E. Kreger, Jr.</td><td>Date: September 10, 2003</td></tr></tbody></table>				NAME	Reg. No. 35,231	Verne E. Kreger, Jr.	Date: September 10, 2003
NAME	Reg. No. 35,231						
Verne E. Kreger, Jr.	Date: September 10, 2003						

09/10/03



05909 U.S. PTO

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	September _____ 2003
	First Named Inventor	Jeffrey D. Messerly
	Group Art Unit	Not assigned
	Examiner Name	Not assigned
	Attorney Docket Number	END 797NP/VEK

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE
				\$ 750.00
TOTAL CLAIMS	20 - 20 = 0	0	x 18.00	\$ 00.00
INDEPENDENT CLAIMS	3 - 2 = 0	0	x 84.00	\$ 00.00
MULTIPLE DEPENDENT CLAIMS	0 - =	N/A	X 280.00	
			TOTAL FEES	\$750.00

METHOD OF PAYMENT

☒ Please charge Deposit Account No. 10-0750END 797NP/VEK in the amount of \$750.00.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750END 797NP/VEK .

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Verne E. Kreger, Jr.	Reg. No. 35,231
Signature	<i>Verne E. Kreger, Jr.</i> Date: September 10, 2003	Deposit Account No. 10-0750